



Minnesota Department of Human Services

Agency ID # _____ Agency Type: DHS

Background Check Application

Instructions: Please fill out the below information to the best of your knowledge. This application is necessary for placement in any of our services. Items marked with an asterisk (*) are optional. All other information is required.

PRIVACY NOTICE - Your privacy rights are outlined in a separate notice entitled "Background Study Privacy Notice" (dated 09/01/2003). It is available from the agency who is initiating this study of you, or by calling 651-296-3971 (voice) or 651-282-6832 (TTY).
Results of this study will be mailed to the subject and to: Joyce Duffney at Mahube Community Council in Detroit Lakes.

LAST NAME:

FIRST NAME:

MIDDLE NAME:

OTHER FIRST NAMES YOU HAVE USED (PLEASE PRINT):

OTHER LAST NAMES YOU HAVE USED (PLEASE PRINT):

ADDRESS:

CITY:

ST:

ZIP CODE:

MN DRIVERS LICENSE NUMBER:

***GENDER:**

***RACE:**

M / F

ASIAN/PAC.ISLANDER/AFRICAN AMER/NATIVE AMER/CAUCASIAN

BIRTHDATE: ____-____-____

***TELEPHONE NUMBER:**

SOCIAL SECURITY NUMBER: ____-____-____
